

ATTN: Submit nominations through your supervisor to your Agency Representative!

Primary
Great Basin Incident Management Team Nomination Form

Name: _____ Dispatch Center: _____
Agency: _____ Jet Port: _____ Body Weight: _____
Home Unit: _____ Nearest Airport: _____

Type 1 Team:	Type 2 Team:
Position 1: _____	Position 1: _____
Position 2: _____	Position 2: _____
Position 3: _____	Position 3: _____
Trainee: _____	Trainee: _____

Qualifications (copy of red card is acceptable):

_____, _____, _____

Recent Fire Experience (last 3 years):

Incident Name	Dates	Position	Duration

Nominee: _____ Date: _____

I understand that if selected, the nominee is committed for a minimum of three years as a member of an Incident Management Team. Commitments for trainees are for the period of time necessary to meet training requirements.

Supervisor: _____ Date: _____

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Substitute
Great Basin Incident Management Team Nomination Form

Name: _____ Dispatch Center: _____
Agency: _____ Jet Port: _____ Body Weight: _____
Home Unit: _____ Nearest Airport: _____

Type 1 Team:	Type 2 Team:
Position 1: _____	Position 1: _____
Position 2: _____	Position 2: _____
Position 3: _____	Position 3: _____
Trainee: _____	Trainee: _____

Qualifications (copy of red card is acceptable):

_____, _____, _____

Recent Fire Experience (last 3 years):

Incident Name	Dates	Position	Duration

Nominee: _____ Date: _____

I understand that if selected, the nominee is committed for a minimum of three years as a member of an Incident Management Team. Commitments for trainees are for the period of time necessary to meet training requirements.

Supervisor: _____ Date: _____